

South Florida Water Management District
P.O. Box 24680, W.P.B., FL 33416-4680
Attention: Right of Way Division

***REQUEST FOR MODIFICATION OF
RIGHT OF WAY OCCUPANCY PERMIT***
(For Standard Permits or Notice General Permits)

The undersigned requests that SFWMD Right of Way Occupancy Permit Number _____ be modified to include: _____

Canal/Levee: _____ Section _____ Township _____ S, Range _____ E, County _____

Rule 40E-6.331 Modification of Permits.

- (1) Applications for permit modifications required by this Chapter shall be filed by formal application, including the permit modification application fee, with the District.
- (2) Applications for modification to permitted uses shall be reviewed using the same criteria as new applications, pursuant to Rules 40E-6.091, 40E-6.121, and 40E-6.221, F.A.C.
- (3) Letter modifications may be issued by District staff, provided the requested modification:
 - (a) does not substantially alter the permit authorization;
 - (b) does not interfere with construction, operation and maintenance of District lands or works; and
 - (c) is otherwise consistent with the purposes and policies of Chapter 373, F.S. and Chapter 40E-6., F.A.C.
- (4) Under sections 373.033 and 373.085, F.S., the District is authorized to modify a permit when it determines that the currently permitted use has become inconsistent with the factors and conditions enumerated in Rules 40E-6.121 and 40E-6.221, F.A.C.
- (5) Permit modifications may be initiated by the District in accordance with the provisions of Chapter 40E-1., F.A.C.

In signing this Application for Permit Modification, I acknowledge that failure to comply with all conditions of this permit modification may result in revocation of the permit modification, financial assurance or bond forfeiture, and remedial action against me by the SFWMD. I assume full responsibility for the actions of all my employees, agents and persons, whether under direct contractual obligation to me or indirectly, with respect to compliance with the conditions and limitations contained within a permit modification issued as a result of this application for permit modification

Applicant's Full Name (*Print*)

Applicant's Complete Address

Applicant's Signature

Applicant's Telephone Numbers

If Applicant or User is other than the owner(s):

Owner(s) Full Name (*Print*)

Applicant's Complete Address

Owner(s) Signature

Owner(s) Telephone Numbers

Please be sure the following accompany the submittal of the request for Permit Modification:

- Application Processing Fee (if applicable)
- Property/Boundary Survey/Metes and Bounds Description
- Drawings Describing the proposed use or facilities
- Copy of Building Permit (if applicable)
- Copy of SFWMD Water Use, Surface Water Management Permits, etc. (if applicable)
- Other Information Pertinent to the request for Permit Modification

